

| UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018) | | | | TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page. | | | | | COURT USE ONLY DUE DATE: | | | | | | |
|--|---------------------|--------------------|--|---|--------------------------|--------------------------|--|--------------------------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1a. CONTACT PERSON FOR THIS ORDER Kathy Rollins | | | | 2a. CONTACT PHONE NUMBER 213-358-7659 | | | 3. CONTACT EMAIL ADDRESS kathy.rollins@clydeco.us | | | | | | | | |
| 1b. ATTORNEY NAME (if different) Susan Koehler Sullivan | | | | 2b. ATTORNEY PHONE NUMBER 213-358-7670 | | | 3. ATTORNEY EMAIL ADDRESS susan.sullivan@clydeco.us | | | | | | | | |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Clyde & CO US LLP 355 S. Grand Avenue, Suite 1400 Los Angeles, CA 90071 | | | | 5. CASE NAME In re: Social Media Adolescent Addiction | | | | | 6. CASE NUMBER 4:22-md-3047 | | | | | | |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Raynee Mercado | | | | 8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form CJA24.</u> </div> </div> | | | | | | | | | | | |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: | | | | | | | | | | | | | | | |
| a. HEARING(S) (OR PORTIONS OF HEARINGS) | | | | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.) | | | | | c. DELIVERY TYPE (Choose one per line) | | | | | | |
| DATE | JUDGE (initials) | TYPE (e.g. CMC) | PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small> | PDF (email) | TEXT/ASCII (email) | PAPER | CONDENSED (email) | ECF ACCESS (web) | ORDINARY (30-day) | 14-Day | EXPEDITED (7-day) | 3-DAY | DAILY (Next day) | HOURLY (2 hrs) | REALTIME |
| 02/12/2025 | YGR | CMC | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: | | | | | | | | | | | | | | | |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE s/ Susan Koehler Sullivan | | | | | | | | | | | 12. DATE 02/13/2025 | | | | |